24 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8814

1. PLACE OF DEATH
County Cole
Township Osage
City St Thomas Mo. (No. ..... St. ..... Ward)
Registration District No. 1158
Primary Registration District No. 5296a
File No. 16
Registered No. 5

2. FULL NAME Annie Volmert.
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lambert Volmert.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jany 28-1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	1	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Thomas
(STATE OR COUNTRY) Cole Co. Mo.

PARENTS
10. NAME OF FATHER Casper Katsner
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Bavaria Germany
12. MAIDEN NAME OF MOTHER Miss. Bauer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Bavaria Germany

14. INFORMANT Henry Schellman
(Address) St Thomas, Mo.

15. FILED 3/22 1928 J. G. Schmidt REGISTRAR
deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28th 1928

17. I HEREBY CERTIFY, That I attended deceased from March the 14th, 1928, to March the 20th 1928 that I last saw her alive on March the 20th 1928, and that death occurred, on the date stated above, at (6) Oclock P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
La-Gripe and Capillary Bronchites
11A
107P
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) To Senility
About (6) Year
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Henry C Werner, M. D
3/22, 1928 (Address) St Thomas Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Thomas Cemetery
DATE OF BURIAL Mar 23 1928

20. UNDERTAKER T. B. L. Walther
ADDRESS St Thomas Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ... supplied.